

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
1/4 DSV Distribution
PO Box 63, The Roads 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213673



SUBBD25699977

S ROUND 26CM
DEEP - CHERRY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required			
Company Name: <u>Baywest Le Creuset</u>		Company Name: <u>Le Creuset Conbun Mall</u>					<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff			
Street Address: <u>Shop 10, 43, Baywest Mall, N2 Walker Drive extension</u>		Street Address: <u>Shop 312E Conbun Mall, Heunel Avenue, Conbun Mall</u>								
Suburb: <u>Walker Drive extension</u>		Suburb: <u>Conbun Mall</u>								
City/Town: <u>Johannesburg</u> Postal Code: <u>2001</u>		City/Town: <u>Pretoria</u> Postal Code: <u>0157</u>								
Contact: <u>Kate</u>		Contact: <u>Johna</u>								
Phone: <u>011 224 0011</u>		Phone: <u>021 004 0217</u>								
Destination Country: <u>South Africa</u>		<input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)								
Sender's Reference: <u>UT13226061</u>		Analysis Code								
SPECIAL INSTRUCTIONS										
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.					<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT			
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF).										
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number								
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg) <u>3</u>
<u>1</u>		<u>1</u>		<u>39</u>		<u>39</u>		<u>20</u>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>KEA</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>					
Date Received: <u>260618</u>					Date Received: <u>220618</u>					
Time Received: <u>1059</u>					Time Received: <u>1639</u>					
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>					

POD COPY

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